

COMMERCIAL PERMIT

PERMIT NUMBER: _____

PROJECT ADDRESS (including Suite/Unit #): _____ _____	Tenant Name: _____ New Tenant: <input type="checkbox"/> Yes <input type="checkbox"/> No
BUILDING INFORMATION: Owner Name: _____ Address: _____ City: _____ Zip: _____ Phone: (____) ____ - _____ Email: _____	CONTRACTOR INFORMATION: Louisville License # _____ Business Name: _____ Address: _____ City: _____ Zip: _____ Phone: (____) ____ - _____ Email: _____

TYPE OF WORK: <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Tenant Finish <input type="checkbox"/> Demo Construction Type: _____ Occupancy Type: _____ Permit to include: <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing NOTE: For a multiple trade permit the Sub-contractor form is required and all sub-contractors must be licensed prior to issuance of a permit. Valuation for the work being completed: \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th></th> <th>New Construction</th> <th>Remodel Area</th> <th>Existing Building</th> <th>Total</th> </tr> <tr> <td>1st Floor</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> </tr> <tr> <td>2nd Floor</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> </tr> <tr> <td>3rd Floor</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> </tr> <tr> <td>Basement (Finished)</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> </tr> <tr> <td>Basement (Unfinished)</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> </tr> <tr> <td>Garage</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> </tr> <tr> <td>Deck/Porch</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> <td>Sqft</td> </tr> </table>		New Construction	Remodel Area	Existing Building	Total	1 st Floor	Sqft	Sqft	Sqft	Sqft	2 nd Floor	Sqft	Sqft	Sqft	Sqft	3 rd Floor	Sqft	Sqft	Sqft	Sqft	Basement (Finished)	Sqft	Sqft	Sqft	Sqft	Basement (Unfinished)	Sqft	Sqft	Sqft	Sqft	Garage	Sqft	Sqft	Sqft	Sqft	Deck/Porch	Sqft	Sqft	Sqft	Sqft
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Detailed Job Description:

Do you have everything you need to submit?

New Building	Addition	Tenant Finish
<input type="checkbox"/> 5 Full Sets of Stamped Plans	<input type="checkbox"/> 5 Full Sets of Stamped Plans	<input type="checkbox"/> 4 Full Sets of Stamped Plans
<input type="checkbox"/> Subcontractor Form	<input type="checkbox"/> Subcontractor Form	<input type="checkbox"/> Subcontractor Form
<input type="checkbox"/> Waste Water Classification Survey (Only if the tenant is known)	<input type="checkbox"/> Waste Water Classification Survey (Only if the tenant is new)	<input type="checkbox"/> Waste Water Classification Survey (Only if the tenant is new)
<input type="checkbox"/> Water & Sewer Tap Application	<input type="checkbox"/> Water & Sewer Tap Application (Only for an upgraded)	
<input type="checkbox"/> Soils Report	<input type="checkbox"/> Soils Report	
<input type="checkbox"/> Fixture Count Form	<input type="checkbox"/> Fixture Count Form	
<input type="checkbox"/> Site Improvement Worksheet		

This application becomes null and void if permit is not issued within 180 days of application date. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or performance of construction. Permit and tap fees are subject to change at the beginning of each calendar year.

Note: A separate permit is required for signs, fences, irrigation systems & swimming pools unless noted on this application. Fees are assessed at time of permit issuance and are subject to city ordinance in effect at that time.

By its signature hereon, the undersigned represents it is the Owner or Authorized Agent of Owner.

SIGNATURE OF OWNER OR AUTHORIZED AGENT OF OWNER:

Signature: _____ Printed Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) ____ - _____

Email Address: _____

Staff Only

Year of Original Construction _____ Does it need HPC review? ☐ Yes ☐ No
 Is it in a Floodplain? ☐ Yes ☐ No
 Zone District _____
 Legal Description _____
 Lot: _____ Block _____ Subdivision _____ Total Lot Area (SQ. FT) _____
 Date Entered into System _____ Over the Counter Plan Review ☐ Yes ☐ No
 Date Sent for Referral _____
 Fire Department _____ Public Works _____

APPROVALS	SIGNATURES	DATE	COMMENTS
Building			
Zoning/HPC			
Public Works			
Fire Department			

Finalized – Date:- _____
☐ Conf ☐ LVM ☐ LM ☐ Email
 Other Items Needed Prior to Issuance:

Approved Valuation

\$ _____

Permit Fee Due

\$ _____